

REPORT TO CITY COUNCIL

NO TAXES DUE

TO: The Honorable Mayor and Members of the City Council

FROM: Debra M. Irvin, City Manager

DATE: August 9, 2018

SUBJECT: Case # 18-12– A request for a Special Use Permit by Mitesh Limbachia to operate a Smoke Shop (Tobacco Products & Accessories) at **9351 Natural Bridge** under the name **A-1 Smoke Shop**. Hours of operation 10:00am – 8:00pm, Monday-Saturday, closed Sunday. No liquor will be sold on the property.

We have investigated the Subject item, above, and present the following as our findings:

RECOMMENDATION

Staff recommends referral to City Plan Commission Meeting, *Wednesday, September 12, 2018*.

BACKGROUND

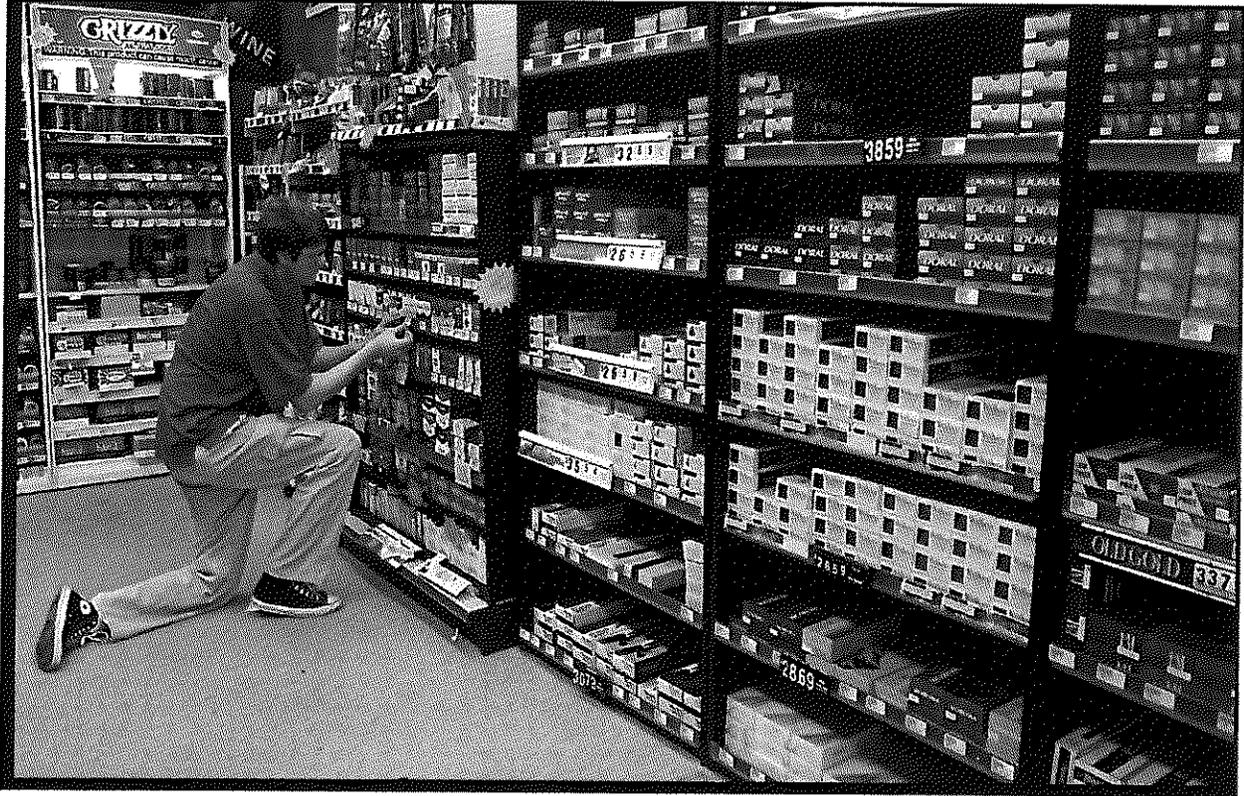
The current zoning is C-2 General Commercial District. The locator # is 13K610225, the total acreage of the parcel is about 1.82 acres. The records indicate that this was built in 1960 and has a total area under roof of about 13,660 square feet, and is commonly known as Jetway Plaza. 9351 Natural Bridge was formerly Retail Phone Store.

SUPPORTING DOCUMENTS

- -Staff Report
- -Special Use Application
- -St. Louis County Aerial Property View
- -Taxes Paid in Full
- -Sample Photo Smoke Shop
- -Site Photographs

Respectfully submitted,

Sample photo of Smoke Shop



Source:

https://images.search.yahoo.com/search/images;_ylt=AwrJ7FvnrWxbIhcAsydXNyoA;_ylu=X3oDMTB0N2Noc211BGNvbG8sDYmYxBHBvcwMxBHZoaWQDBHNIYwNwaXZz?p=Tobacco+Shop&fr2=piv-web&fr=yset_ff_syc_hp#id=42&iurl=https%3A%2F%2Fmedia.npr.org%2Fassets%2Fimg%2F2013%2F01%2F11%2Fsmoke_shop_wide-aff7933717a94a1dfbs9ab17153725ds7ebc3f39.jpg&action=click



TYPE OF APPLICATION

(Please check all that apply)

INITIAL FEE \$350

<input type="checkbox"/> Preliminary (Plats)	<input checked="" type="checkbox"/> Special Use Permit
<input type="checkbox"/> Re-approval (Plats)	<input type="checkbox"/> Zoning Change
<input type="checkbox"/> Amending (Plats)	<input type="checkbox"/> Resubdivision/Reconsolidation
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Business Name/Ownership Change
<input type="checkbox"/> Lot Consolidation	<input type="checkbox"/> Variance
<input type="checkbox"/> Street Name	<input type="checkbox"/> Other

REQUIREMENTS:

1. Prepare twenty (20) legible sets of drawings detailing interior & exterior of property.
2. Submit a completed application three (3) weeks prior to Planning meeting. (SEE attached Deadline & Meeting dates)
3. **DO NOT** destroy, tear down or remodel proposed business structure until 'FINAL' approval by City Council.
4. If you do not submit your application in a timely manner your request will be considered on the next meeting date.

APPLICANT(S) NAME(S) MITESH LIMBACHIA

APPLICANT IS (CHECK ONE): OWNER AGENT _____ PURCHASER OF CONTRACT _____ TENANT _____

APPLICANT(S) ADDRESS: STREET 9351 NATURAL BRIDGE RD

CITY BERKELEY STATE MO ZIP 63134 PHONE 314 971 8743 E-MAIL 971 8743@gmail.com

LOCATION OF PROPOSED USE

STREET ADDRESS, PROPERTY DESCRIPTION: 9351 NATURAL BRIDGE RD, BERKELEY, MO 63134

Strip Mall

PRESENT ZONING DISTRICT: BERKELEY PROPOSED ZONING DISTRICT (If applicable) _____

THE PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: EMPTY

THE PROPERTY IS TO USE IT FOR: (Type of Business) SMOKE SHOP (Tobacco)

(Days & Hours of operation etc.) MON TO SAT 10AM TO 8PM SUNDAY CLOSE

PROPOSED NAME OF BUSINESS: A-1 SMOKE SHOP

APPROXIMATE SIZE OF TRACT: _____ ACRES SQ FT OF SPACE 1800SQ

IF APPLICANT IS NOT OWNER: OWNER(S) NAME: _____

ADDRESS: STREET: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: (____) _____ E-MAIL: _____

I HAVE AUTHORITY TO ACT ON BEHALF OF THE OWNER: _____

SIGNATURE

By signing this application the owner(s) and applicant(s) attest that all information and facts provided on this form and attachments are complete and accurate and that any omission or incorrect fact or information may invalidate any notice or subsequent action taken by the City of Berkeley Board of Adjustments, City of Berkeley Planning & Zoning Commission. (All applicants and owners shall sign the application. Attach additional name/address/signature/date pages as needed.)

APPLICANT(S) SIGNATURE Mitesh OWNER(S) SIGNATURE Mitesh

DATE 3/8/18 DATE 3/8/18

On this date _____, all items necessary for a technical review of the proposed special use permit plan have been submitted and constitute a COMPLETE APPLICATION. STAFF SIGNATURE: _____

DATE PAID 3/8/18 (Cash) Money Order _____ Debit/Credit _____ RECEIPT NO: 30979 CASE NO: 18-12

#1190

A1 Smoke Shop Interior Layout

